

Financial Fact Sheet 2023-2024



Introduction: The American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) has created this Financial Fact Sheet to provide financial transparency to applicants on the true costs to undergo residency and fellowship education.

Instructions: The program will complete Part 1 of this form and publish it on the program’s website. The applicant will complete Part 2 of this form.

Part 1: To be Completed by the Program

Program Information

Program Information

Name of Program: Utica University and Sunnyview Rehabilitation Hospital Neurologic Residency Program

Physical Address: Sunnyview (1270 Belmont Ave Schenectady NY 12308) Utica University (1600 Burrstone Road, Utica NY 13502)

Program Hours

Educational Hours: at least 300

Patient-Care Clinic / Practice Hours (inclusive of mentoring): at least 1500

Mentoring Hours: at least 150

Program Travel

Please indicate if participants are required to travel greater than 50 miles for any aspect of patient-care clinic/practice hours (does not include daily commute): No

Please indicate if participants are required to travel greater than 50 miles for any aspect of educational hours: For teaching at Utica University residents will be required to drive ~83miles 1-2 x a week during Fall and Spring semesters (Spring only if choose teaching UU DPT class as final capstone instead of research)

Participant Costs

The program will provide all costs associated with this program.

Type of Cost	Year One	Year Two	Year Three	Total
Fees <i>Enter the amount of fees associated with the program (if applicable). Fees are any amount \$1,000 or less. If more than \$1,000, please enter that amount under tuition.</i>	\$ 475	\$ NA	\$ NA.	\$ 475

<input type="checkbox"/> Fees for this program include:				
<input type="checkbox"/> APTA-Related Professional Membership				
Tuition (<i>if applicable</i>)	\$ NA	\$ NA	\$ NA	\$ NA
Curriculum Costs (<i>Neuroconsortium onsite and online</i>)	\$ 2400	NA	NA.	\$2400
Required textbooks, software, apps (not included in program fees)	NA	NA.	NA.	NA
Application Fees (<i>program assessed above and beyond RF-PTCAS</i>)	NA.	NA.	NA.	NA.
Conference Registration Fees (<i>not included in fees above</i>)	NA.	NA.	NA.	NA.
Travel Costs (<i>estimated flight for neuroconsortium</i>)	~\$1000	NA	NA	~1000
Parking/Mass-Transit Fees	NA	NA	NA	NA
Mentoring Fees	NA	NA	NA	NA
Malpractice Insurance (covered by Sunnyview Hospital)	NA	NA	NA	NA
Other program costs not included above: <i>List other costs.</i>	NA	NA	NA	NA
Total Program Costs	\$ 3875	NA	NA	\$ 3875

Program Sponsored Financial Assistance

The program will provide any financial assistance provided to participants.

Type of Financial Assistance	Year One	Year Two	Year Three	Total
Salary Paid by Program (fluctuates based on experience of resident- paid 75% of full time PT staff)	\$52,790	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Student Financial Aid (<i>for tuition fee programs only</i>)	NA	NA	NA	NA
Graduate Assistantship(s)	NA	NA	NA	NA
Other Assistantship(s)	NA	NA	NA	NA
Scholarships	NA	NA	NA	NA
Travel Costs/Stipends	NA	NA	NA	NA
Student Financial Aid (<i>for tuition fee programs only</i>)	NA	NA	NA	NA
ABPTS Board-Certification Examination Fees	NA	NA	NA	NA
Other financial assistance not included above: <i>List other financial assistance.</i>	NA	NA	NA	NA
Total Financial Assistance	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.

Part 2: To be Completed by the Applicant

Program Information – This information can be found on the [ABPTRFE Online Directory](#)

Program Structure

Program Type: Select program type.

Program Format: Select program format.

Program Length: Enter the program length in months.

2nd Program Format: Select 2nd program format, if applicable.

2nd Program Length: Enter the 2nd program length in months, if applicable

Number of Participant Positions Each Calendar Year: Enter the number of participant positions.

Program Applicant Information

Application Deadline Date: Enter the anticipated program application deadline date.

Program Start Date: Enter the anticipated program start date.

2nd Application Deadline Date (if applicable): Enter the 2nd program application deadline date, if applicable.

Program 2nd Start Date: Enter the 2nd program start date, if applicable.

3rd Application Deadline Date (if applicable): Enter the 3rd program application deadline date, if applicable

Program 3rd Start Date: Enter the 3rd program start date, if applicable.

4th Application Deadline Date (if applicable): Enter the 4th program application deadline date, if applicable

Program 4th Start Date: Enter the 4th program start date, if applicable.

Format for Educational Hours: Select format.

Affiliated Practice Site Locations: Select locations.

Mentor Appointment to Faculty: Select appointment type.

Mentor Accessibility: Select accessibility.

Applicant Financial Considerations

The applicant will consider the following related to their finances.

Participant Financial Consideration	Year One	Year Two	Year Three	Total
Salary Earned (<i>input your salary, not paid by the program, if you plan to continue your employment while undergoing the program</i>)	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
License Fees	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Malpractice Insurance (<i>not covered by program</i>)	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Cost of Living Expenses (Forbes Cost of Living Calculator)	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Student Loan Payments (<i>if unable to defer during program</i>)	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Subtotal	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Loan Forgiveness (<i>if eligible</i>)	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Total Participant Financial Considerations	\$ Subtract Loan Forgiveness from Subtotal.	\$ Subtract Loan Forgiveness from Subtotal.	\$ Subtract Loan Forgiveness from Subtotal.	\$ Tally row amounts.

Applicant Financial Debt Summary

The applicant will utilize the total program costs, total program financial assistance, and total participant financial consideration, along with their current debt to calculate the cost-benefit ration of completing this program.

Debt	Total
Debt at time of admission to program (<i>current student loan debt</i>)	\$ Enter total current debt.
Total program costs (<i>enter amount from total costs for entire length of program located above</i>)	\$ Enter amount.
Total participant financial considerations (<i>enter amount from total financial considerations for entire length of program located above</i>)	\$ Enter amount.
Subtotal	\$ Add above amounts.
Total program financial assistance (<i>enter amount from total program financial assistance for entire length of program located above</i>)	\$ Enter amount.
Total Debt After Completion of Program	\$ Subtract program financial assistance from subtotal.

Last Updated: 10/30/2023
 Contact: resfel@apta.org